

Name
in
Full

David Bowser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 1909		Month June	Day 15	Years	Months
Sex	Male	Color or Race	Age	Days	
Occupation	None	Where Residing if not at place of death			Chestertown
Married, Single or Widow	Single	Name of Wife or Husband	Chestertown		
Father's Name	Junior Richardson	Father's Birthplace			Chestertown
Mother's Maiden Name	Leah Bowser	Mother's Birthplace			Chestertown
Name of person giving Information	Junior Richardson	How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Margarine

151

How long

Don't know

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank B. Hines
Chestertown MD

Accident or Suicide

Janes M. E.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John H. Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at Still Pond Creek

Town

County

Date of death 1909 June 2

Month

Day

Years

Age

48

Month

Days

Sax male

Color or
Race

Black

Birth-
place

Md

Occupation Laborer

Where Residing if not
at place of death

Married, Single
or Widowed married

Name of Wife or
Husband

Mary F. Brooks

Father's Name Anthony Brooks

Father's
Birthplace

Md

Mother's Maiden Name Arminita Anderson

Mother's
Birthplace

Md

Name of person giving
Information Alex Brooks

How related
to deceased

Brother

CAUSES OF DEATH

Primary Paralysis.

66

How long

9 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

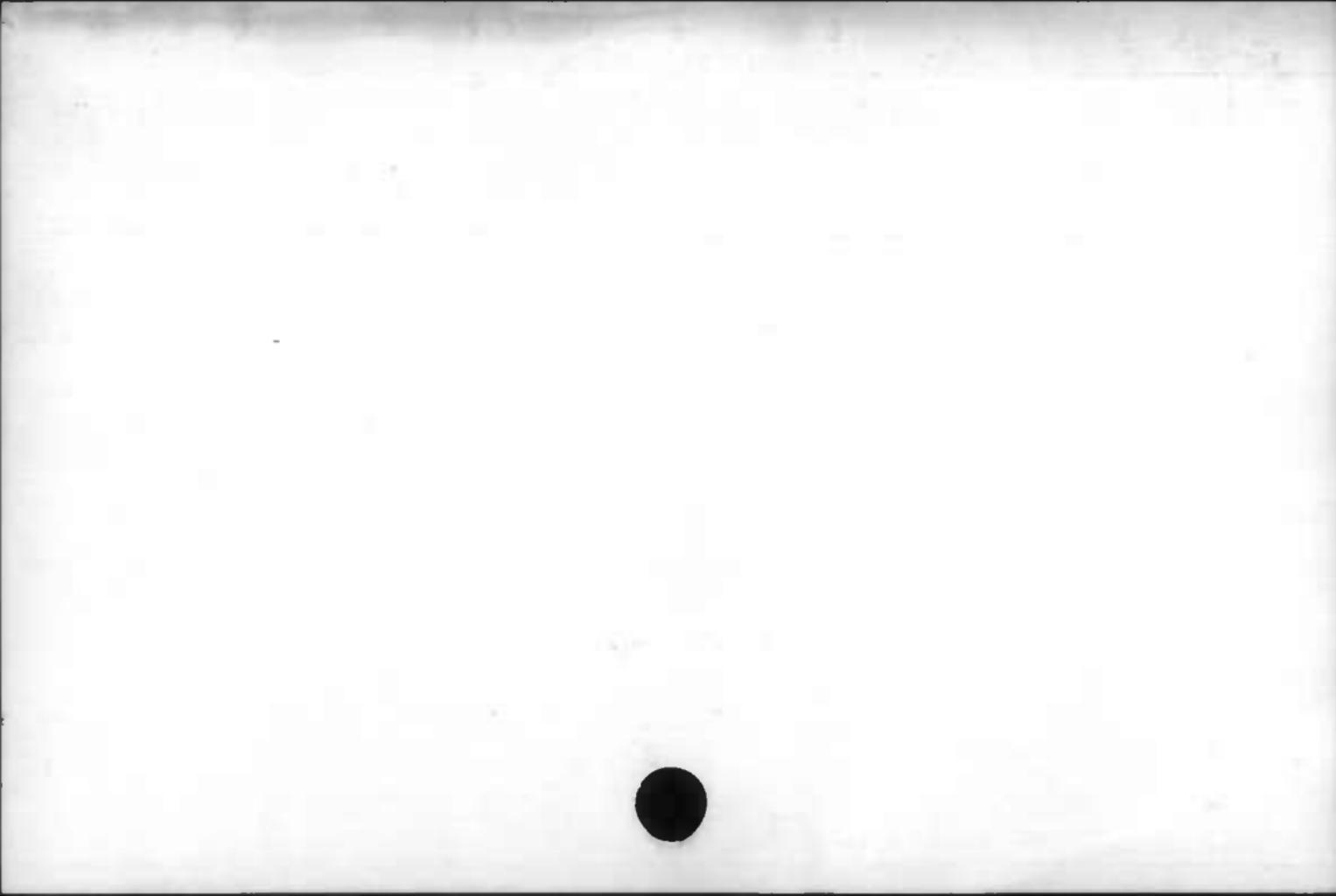
Signature of
Physician

Address

W. S. Maywell,

Still Pond, Md.

Accident or Suicide



Name
in
Full

Sallie Burk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1909	6	24th	34			
Sex	Female	Color or Race	Black	Birth-place	Maryland.	
Occupation	Housework.					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	George Burk.			
Father's Name	James Collins					Father's Birthplace
Mother's Maiden Name	Fannie Ringold					Mother's Birthplace
Name of person giving information	George Burk					How related to deceased

CAUSES OF DEATH

27

✓

How long

Indefinite

How long

14 days

Primary

Pulmonary tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

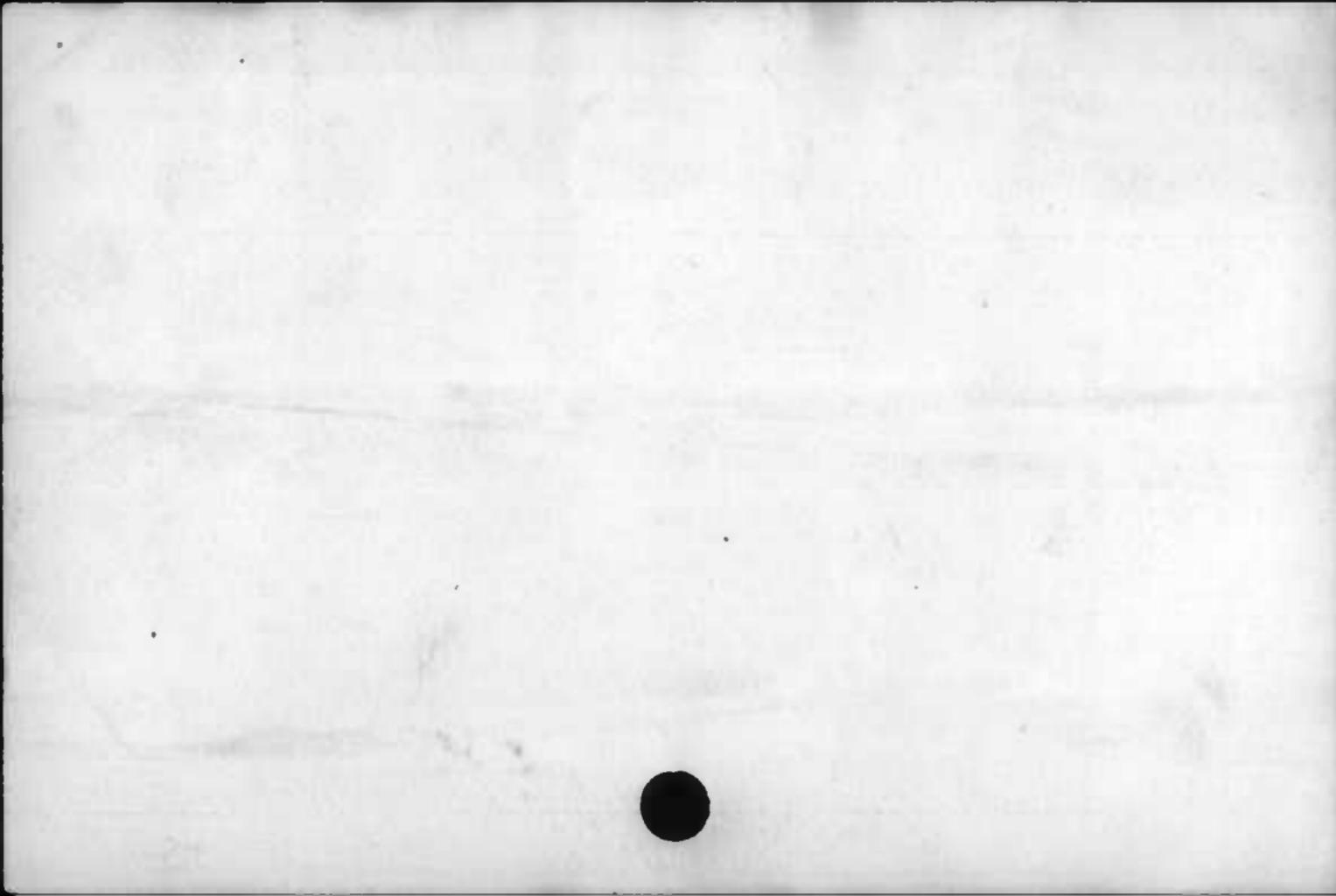
Address

Geo. R. Jones M.D.

Galen

Med

Accident or Suicide?



Name
in
Full

Gilbert Chains
Town Chestertown County Kent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909

6. 29

Age 1

15

Sex

Color or
Race

Male White

Birth-
place

Chestertown

Occupation

Infant

Where residing if not
at place of death

Chestertown

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Infant

Father's
Birthplace

Millington Md

Father's
Name

George Chains

Mother's
Birthplace

Galt's Neck " "

Mother's
Maiden Name

Annie E Nottingham

How related
to deceased

Father

Name of person giving
Information

George Chains

105

How long

one week

How long

one year

Primary

Cholera infantum

Immediate

Cholera Infantum

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. George Simmons
Chestertown

PHYSICIAN
OR CORONER

Accident or Suicide

No

Ch. Dodd

chester denver

Name
in
Full

John Stanley Currier.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days	
Sex	Color or Race	Age	Birthplace	Baltimore		
Occupation	Where Residing if not at place of death			—		
Married, Single or Widowed	Name of Wife or Husband	—			—	
Father's Name	Robert Anderson.			Father's Birthplace	Md.	
Mother's Maiden Name	Fannie Currier.			Mother's Birthplace	Md.	
Name of person giving Information	Mary Currier.			How related deceased	Aid Nurse	

CAUSES OF DEATH

151

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

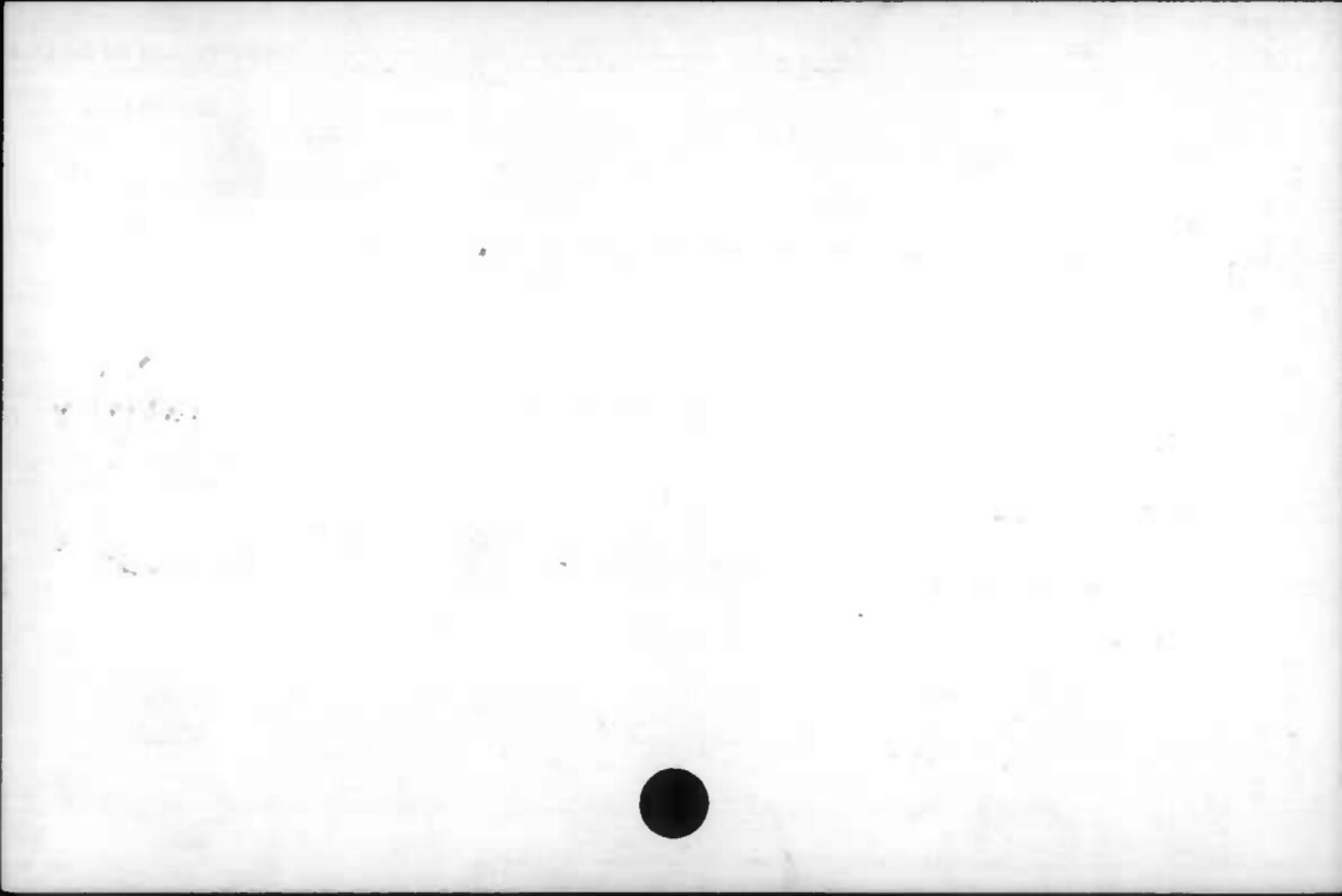
Accident or Suicide

Signature of Physician

Address

yes.

J. Koontzally
Star Park
Mt.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Helber Edison

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hesertown

Montgomery Co.

Month

Day

Years

Days

Date

of death

1909 June

21

Age

72.

Months

8 mos

24

Color or

Race

white

Birth-
place

Hesertown
Montgomery
Co.

Sex

female

Where Residing if not
at place of death

Occupation

farmer's wife

Married, Single-
or Widowed

Name of Wife or
Husband

Father's
Name

Harriet Brown

Father's
Birthplace

Hesertown
Montgomery
Co.

Mother's
Maiden Name

Mary Elizabeth Merritt

Mother's
Birthplace

Hesertown
Montgomery
Co.

Name of person giving
Information

D. E. Edison

How related
to deceased

son

CAUSES OF DEATH

43

How long

Primer

Gastric Cancer

1 yr.

Immediate

Gastric Cancer

6 mos.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

D. E. Edison

Address

334 S 16th St

Phila Pa

Accident or Suicide

Chester cemetery

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Wester town

County

Kent

Date
of death

Month

1909 June 29

Day

Years

36

Months

3

Days

15

Sex

Female

Color or
Race

white

Birth-
place

Occupation

Clerk

Ches ter town

Married, Single
or Widowed

Single

Name of Wife or
Huaband

Pa.

Father's
Name

Wm. J. Elliott

Father'a
Birthplace

Mother's
Maiden Name

Arthur Regina

Mothar's
Birthplace

Name of person giving
Information

Arch N. Evans

How related
to deceased

Asstes

CAUSES OF DEATH

Primary

Pneumonia

27

How long

Some time

Immediate

Intercranial
cataract. Ex haemoptysis

How long

About 3 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Frank B. Miles
Ches ter town Md

Accident or Suicide

no

Chester Cemetery
Cash Dodd

Name
in
Full

Rev. H. Fausser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Brune Jauer	Trust			
Date of death	Month	Day	Years	Months	Days
1909.	June	20 th	Age 60 +		
Sex	Male	Color or Race	Black	Birth- place	Virginia
Occupation	day laborer			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	unknown			Father's Birthplace	unknown
Mother's Maiden Name	unknown			Mother's Birthplace	unknown
Name of person giving Information	Rev. L. L. Lauer			How related to deceased	Friend

CAUSES OF DEATH

93

How long

How long

4 days.

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

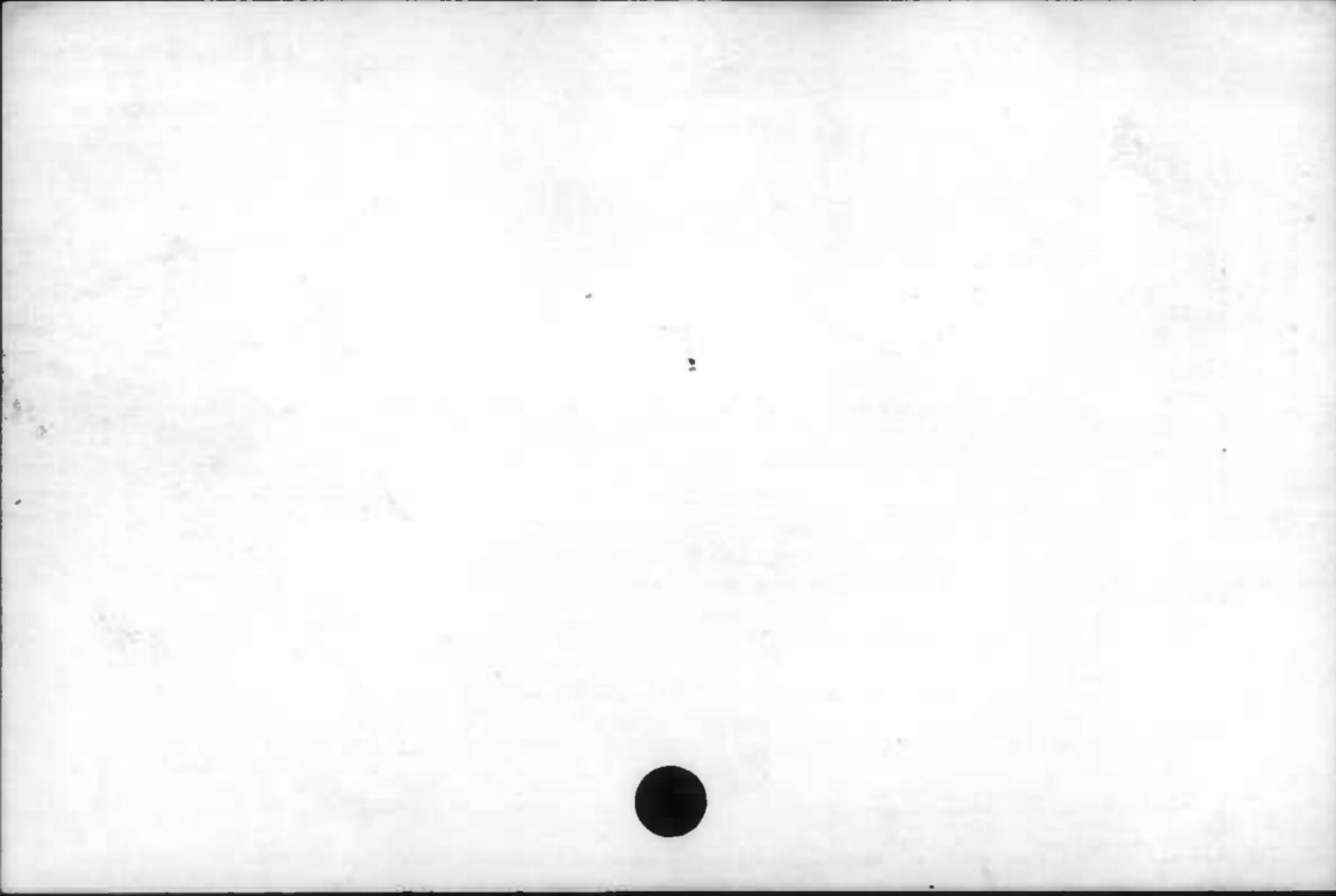
yes.

Signature of
Physician

Address

J. W. Tortan Kelley,
Old Pond, Md.

Accident or Suicide



Name
in
Full

Rosa Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Month	Days	
Sex	Female	Color or Race	Age 12		10	26	
Occupation	unemployed	Where Residing if not at place of death			at home		
Married, Single or Widowed	Single	Name of Wife or Husband		Single			
Father's Name	Sandy Ford			Kent and			
Mother's Maiden Name	Carol French			Kent Co Md			
Name of person giving Information	Sandy Ford			Father			

CAUSES OF DEATH

27

Primary

Ophisis Ozym -

Immediate

Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mr. Bangs common
Chester town
Md.

PHYSICIAN
OR CORONER

U

Accident or Suicide

Hicks

Metolox

Name
in
Full

Joseph Harrison Garner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	June	1	1	3	
Sex	Male	Color or Race	colored	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lewis Garner				
Mother's Maiden Name	Annie Harris				
Name of person giving Information	Lewis Garner				

CAUSES OF DEATH

28 ✓

Primary Tubercolar Meningitis

How long

10 days

Immediate Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

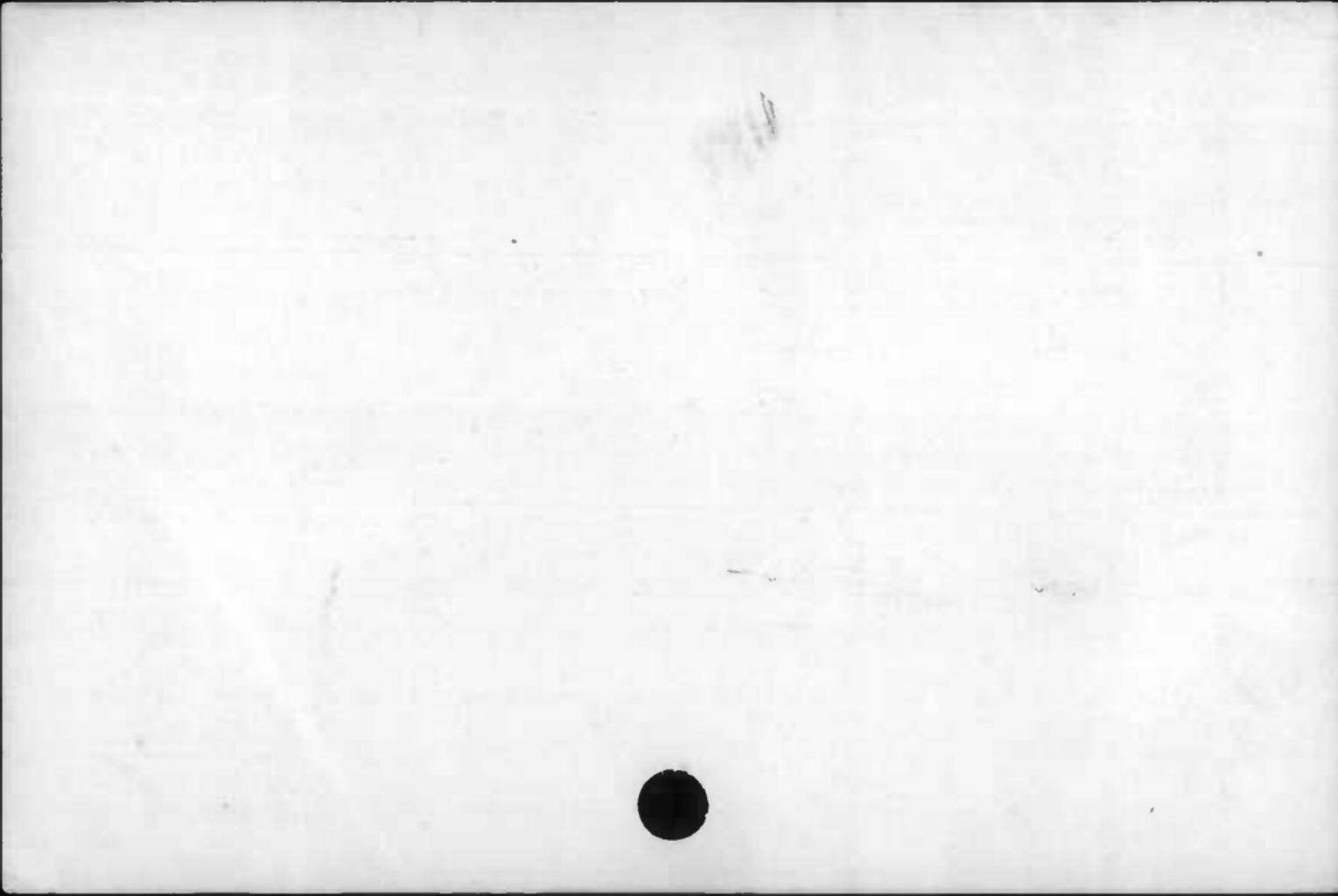
Address

Geo. R. Jones, M.D.

Galena,

Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

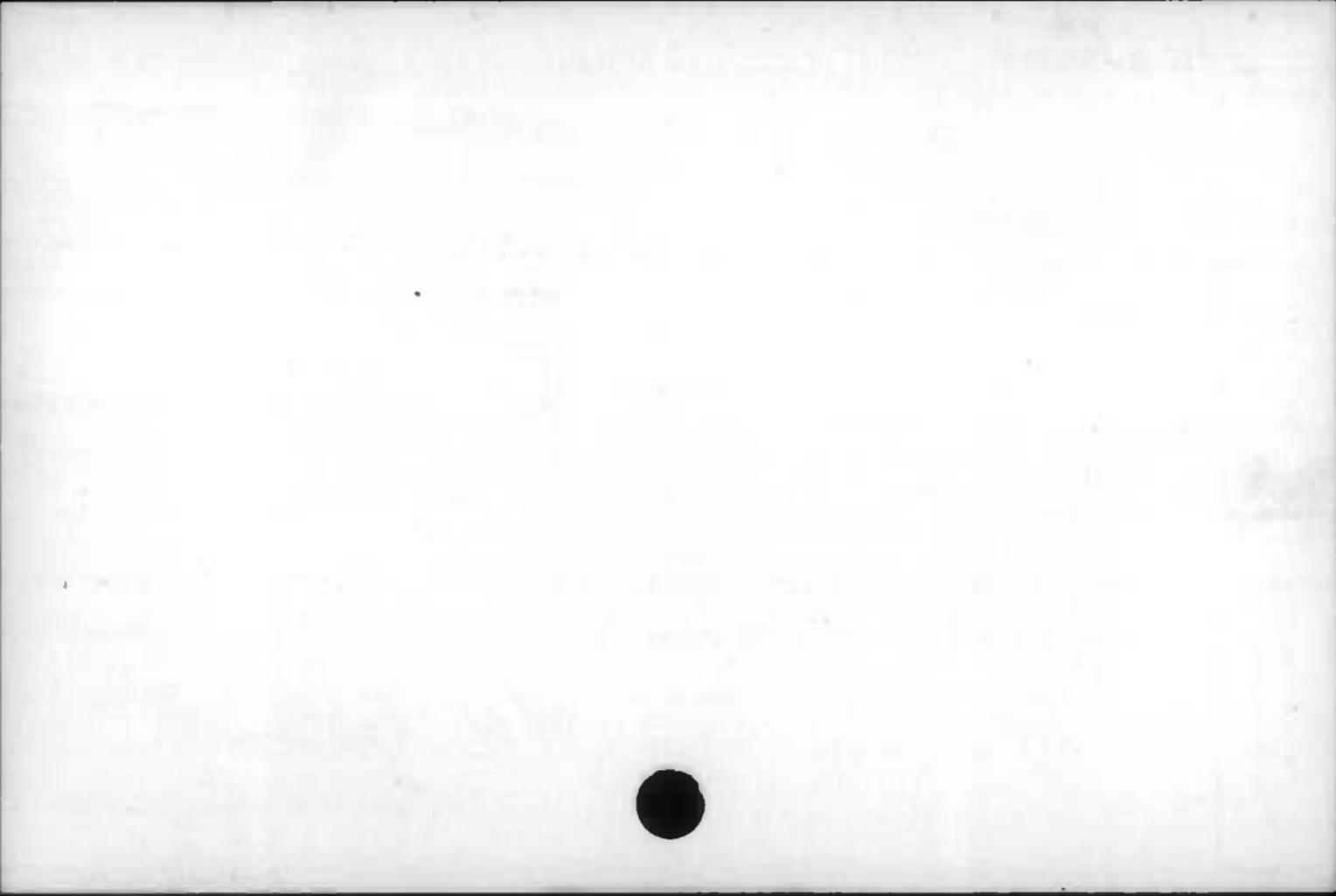
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	190	Month June	Day 15	Age 51	Years 8	Months 4	Days 15
Sex	Male	Color or Race	Colored	Birth-place Kent Md			
Occupation	Labor		Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	May Tilghman				
Father's Name	Samuel Graves		Father's Birthplace		Kent		
Mother's Maiden Name	Dont know		Mother's Birthplace		Dont know		
Name of person giving Information	John Graves		How related to deceased		Son		

CAUSES OF DEATH

179

Primary	General debility	How long	6 months
	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Walt. O. Kelly
		Address	Rockface Md
Accident or Suicide?			



Name
in
Full

Isabel Lorraine

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

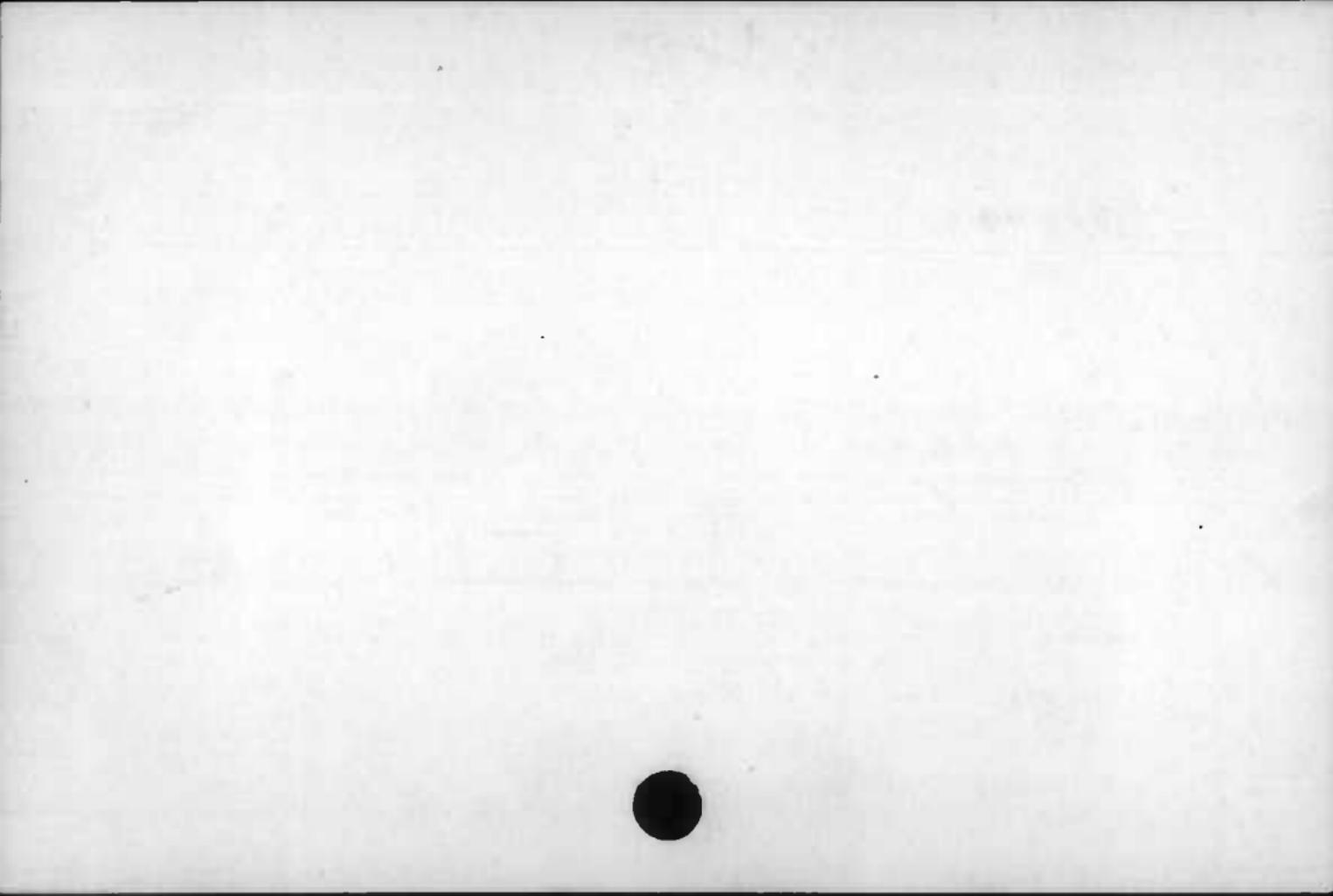
Died at <u>Near Rock Hall</u>		Town <u>Kent</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>10</u>	Age <u>43</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>			
Occupation <u>House Work</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William Green</u>	Father's Name <u>Edward Willis</u>			
Father's Name <u>Edward</u>	Willis	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Schlotá</u>	Forsay	Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Mamie Ringgold</u>	How related to deceased <u>Cousin</u>				

CAUSES OF DEATH

42 ✓

PHYSICIAN
OR CORONER

Primary <u>Cancer of uterus</u>	How long <u>one month</u>
Immediate <u>Exhaustion</u>	How long <u>one month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Schwartz M.D.</u>
	Address <u>Rock Hall</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

9

Jonathan Alfred Greenwood

Rock Hall Kent

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death

1909 June

Month

Day

Years

Months

Days

Age 63

4

1

Sex

Male

Color or
Race

White

Birth-
place

Kent Co. Md

Occupation

School teacher

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary M. Tolson.

Father's
Name

John Greenwood of W^m

Father's
Birthplace

Kent Co. Md

Mother's
Maiden Name

Caroline Adkison

Mother's
Birthplace

Kent Co. Md.

Name of person giving
Information

Blanche A. Greenwood

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Heart disease

79

How long

One year

Immediate

Exhaustion

How long

One month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

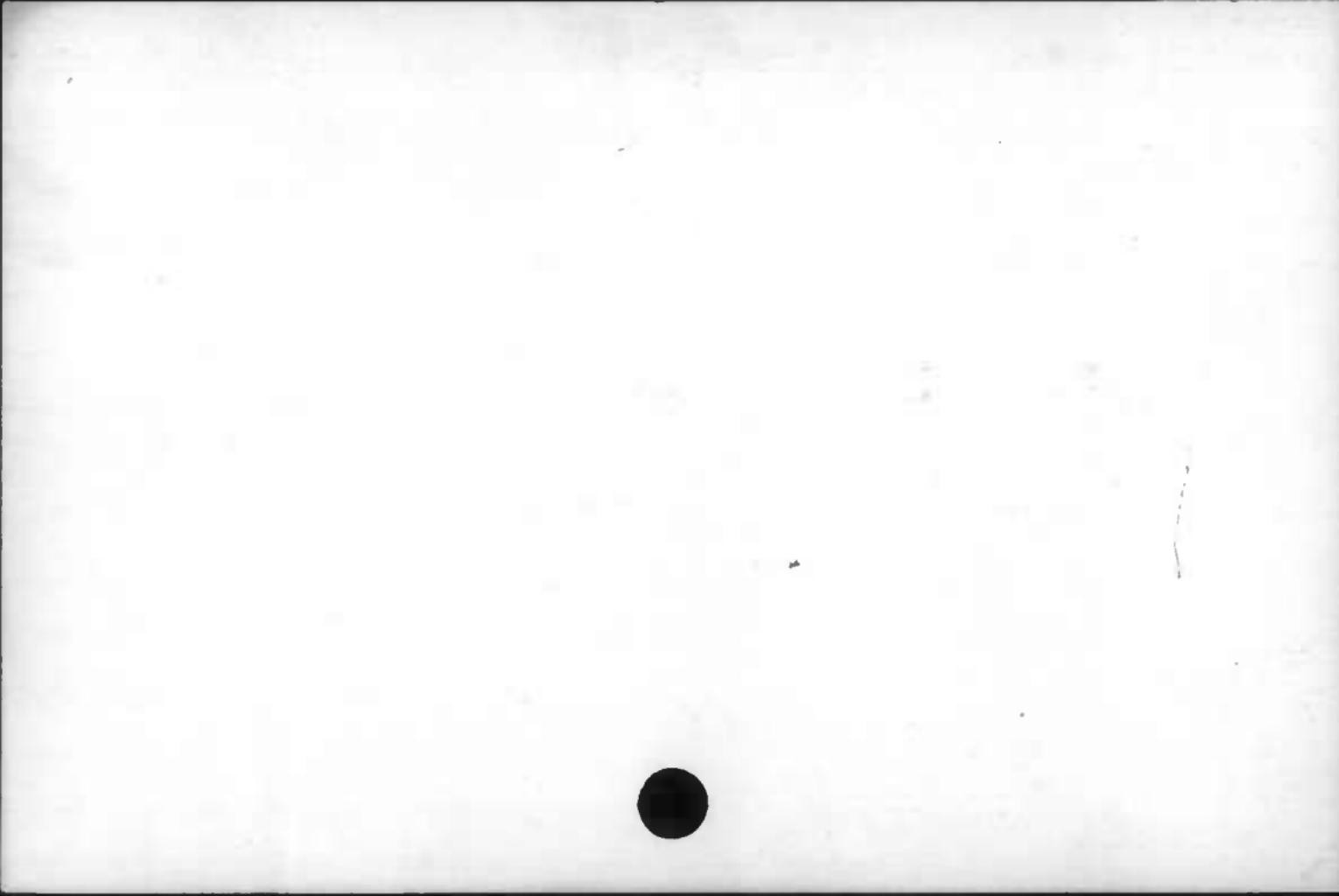
Address

J. H. Schwartz

Rock Hall

Accident or Suicide

no



Name
in
Full

Lizzie Bell Greenwood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Castleton Town Kent County
Date of death 1909 June 26 Year Age
Sex Female Color or Race White
Occupation — Where Residing if not at place of death —
Birthplace Md.

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Walter Bowers Greenwood

Father's Birthplace

Greenwood

Mother's Maiden Name

Edith Gross

Mother's Birthplace

Otcheste B. N.Y.

Name of person giving Information

Edith Greenwood

How related to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

6

How long

4 days

Immediate

Bronchitis

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide

Address

no

Franklin Smith
Farmer
Md

Still Pond Cemetery

Chas. Lydoddy

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	own	Count	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Lawrence Harris.	
Father's Name	Asie Spence		
Mother's Maiden Name	Elizabeth (Washington)		
Name of person giving Information	Lillian Chamber		
CAUSES OF DEATH			
Primary	120		
Immediate	How long 3 years How long 2 weeks.		

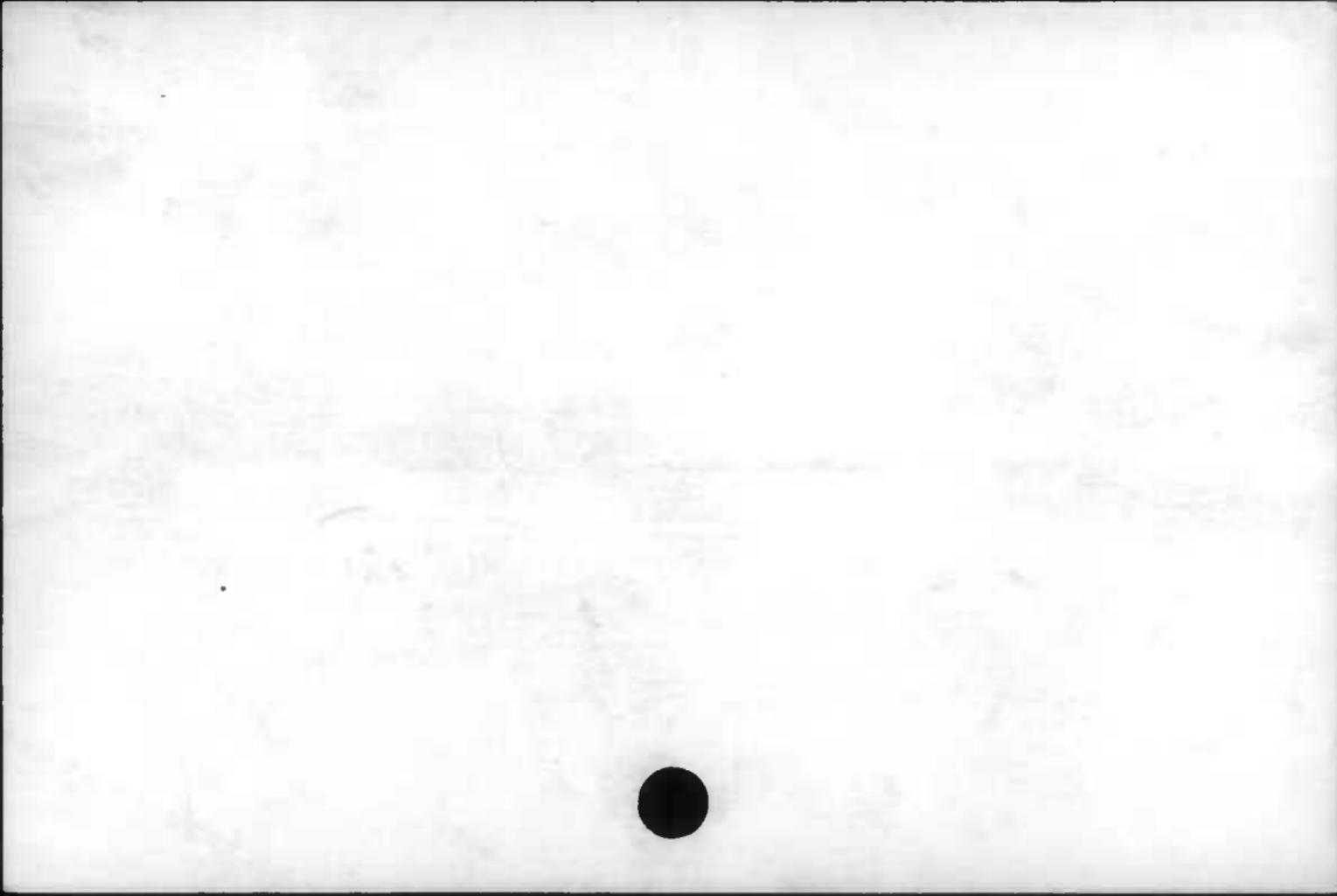
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

William H. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chestertown Town Kent County
Date of death 1909 Month June Day 24 Age 38 Years
Sex Male Color or Raca Black
Occupation Fabro Where Residing if not at place of death North East Street
Married, Single or Widowed Married Name of Wife or Husband Nancy Hill
Father's Name Drat Kew Father's Birthplace Don't Know
Mother's Maiden Name Don't Know Mother's Birthplace Don't Know
Name of person giving Information Nancy Hill How related to deceased wife

Primary

CAUSES OF DEATH

Chronic nephritis

Immediate

Uremia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Address

120

How long

Several yrs.

How long

3 days

Frank B. Jones
Chestertown, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

J

Hicks

Colored Comets

Name
in
Full

Andrew Albert Brinhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fairfax (Hahn Farm) Kent. County MARYLAND
Died at Fairfax (Hahn Farm) Kent. County MARYLAND
Date of death 1909 June 25 Month June Day 25 Years 62 Months 1 Days 0
Sex Male Color or Race White Birth-place Md
Occupation Farmer Where Residing if not at place of death Selfs Corich Brinhart
Married, Single or Widowed Married Name of Wife or Husband Selfs Corich Brinhart
Father's Name Andrew H. Brinhart Father's Birthplace Fred. Co Md
Mother's Maiden Name Elizabeth Hiltong Mother's Birthplace Mont. Co Md
Name of person giving Information Walter Brinhart How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Endocarditis

79

How long

3 months

Immediate

Paroxysm

How long

18 years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. W. Smith

Fairfax

Accident or Suicide

No

3rd

Louden Park

Name
in
Full

Raymond Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Morgnee County Kent
Died at Morgnee Month June Day 30 Years 8 Months 8 Days 20
Date of death 1909 Age 8 Birth-place Morgnee
Sex Male Color or Race Colored
Occupation Infant Where Residing if not at place of death Home
Married, Single or Widowed infant Name of Wife or Husband infant
Father's Name George Scott Father's Birthplace Queen Anne Co
Mother's Maiden Name Barssie Cotton Mother's Birthplace Morgnee
Name of person giving Information Gussie Scott How related to deceased Mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rachitis
Convulsions

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes
They had been ~~been~~ ~~for~~ ~~little~~
done for this child.

Signature of
Physician

Address

146

How long

How long

mother says ~~since~~ ~~now~~ '08

H Benge Simmons
Chesterstown
Md

Accident or Suicide

Hicks

Weltota

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles A Stanley

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Near Still Pond

Kent

Date of death

1909

Month

Day

Years

Months

Days

June

1

Age

3

14

Sex

male

Color or
Race

Black

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Howard Stanley

Father's
Birthplace

Mother's
Maiden Name

Addie Smith

Mother's
Birthplace

Name of person giving
Information

Howard Stanley

How related
to deceased

Primary

Pneumonia

93

How long

one week.

Immediate

heart failure

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W.S. Maxwell.

Still Pond, Md.

Address

Accident or Suicide

Fontan cluster

Name
in
Full

Edgar Hoffman Strong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Rock Hall		County Kent		MARYLAND	
Date of death 1909	Month June	Day 23	Age 60	Month	Days
Sex Male	Color or Race White	Birth- place Kent Co.			
Occupation Farmer	Where residing if not at place of death Near Rock Hall				
Married, Single or Widowed Married	Name of Wife or Husband Rose	Father's Name Laurence Miller Strong		Kent Co.	
Mother's Maiden Name Angelina Amanda Hoffman	Mother's Birthplace Balto.				
Name of person giving Information M. W. Thomas	How related to deceased Cousin.				

CAUSES OF DEATH

79

How long

5 years

How long

Reg'le day

PHYSICIAN
OR CORONER

Primary

Heart Disease

Immediate

Aphasia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. H. Schwartzak
Rock Hall

Accident or Suicide

no

St Pauls -

Class Boda

Name
in
Full

Richard Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Frederick	Kent.			
Date of death	1909	Month June	Day 14	Age 73	Years	Months
Sex	Male	Color or Race	African	Birth-place	Maryland	
Occupation	Farm labour			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Wallace			
Father's Name	Frederick Wallace			Father's Birthplace	Maryland	
Mother's Maiden Name	Harriett Ringgold			Mother's Birthplace	Maryland	
Name of person giving Information	Frederick Wallace			How related to deceased	Brother	

CAUSES OF DEATH

90 ✓

PHYSICIAN
OR CORONER

Primary

Purulent Bronchitis from Phlegm. 3000

Immediate

exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

How long

12 years

Signature of Physician

Address

Accident or Suicide

✓

Yairlee

Name
in
Full

Rosa Wiggins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Chester town		Count	Kent	
Date of death	Month	Day	Age	Years	Months
Sex	Female		Color or Race	Black	
Occupation	Laborer		Where Residing if not at place of death	Kent Co, Chester town and	
Married, Single or Widowed	Widow		Name of Wife or Husband	Jesse Wiggins	
Father's Name	Julghman		Father's Birthplace	Kent C	
Mother's Maiden Name	Rosa Julghman		Mother's Birthplace	Kent Co	
Name of person giving Information	Sara Cooper		How related to deceased	Daughter	

CAUSES OF DEATH

120

How long

How long

Primary Nephritis. Several yrs.
Immediate Protein-Schwarz. Heart failure. Several months
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Frank B. Stone
Address Chester town and
Accident or Suicide No

PHYSICIAN
OR CORONER

Yairlee